

## **EXHIBIT E**

PREVIOUS EDITION IS OBSOLETE

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SECTION III. PERSONNEL ACCIDENT INFORMATION			
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) <b>WRIGHT, DANNY TYSON</b> 27b. Address (City, State, Zip Code) <b>P.O. Box 370 WANCHESE, NC 27981 (MOTHER'S ADDRESS)</b>	
28. Birth Date <b>09/08/60</b>	29. Telephone No. <b>(252) 441-7573 (MOTHER)</b>	30. Job Position <b>DECKHAND</b>	27c. Status <input checked="" type="checkbox"/> Crew <input type="checkbox"/> Passenger <input type="checkbox"/> Other
31. (Check here if off duty) <input type="checkbox"/>			
32. Employer - (If different from Block 18., fill in Name, Address, Telephone No.) <b>EAGLE EYE FISHING CORP.</b>			
33. Person's Time		34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)	
A. IN THIS INDUSTRY -		YEAR(S) <b>25</b>	MONTH(S) <b>2</b>
B. WITH THIS COMPANY -		<b>25</b>	<b>2</b>
C. IN PRESENT JOB OR POSITION -		<b>25</b>	<b>2</b>
D. ON PRESENT VESSEL/FACILITY -		<b>25</b>	<b>2</b>
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		<b>7.5 HRS</b>	
		FISHING	
		35. Was the Injured Person Incapacitated 72 Hours or More? <b>No</b>	
		36. Date of Death <b>03/12/02</b>	
37. Activity of Person at Time of Accident <b>CLEANING FISH HOLE</b>			
38. Specific Location of Accident on Vessel/Facility <b>CABIN ENTRANCE</b>			
39. Type of Accident (Fall, Clight between, etc.) <b>STABBING BY ANOTHER CREWMEMBER</b>		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.) <b>DEATH</b>	
41. Part of Body Injured <b>NECK, SIDE, STOMACH</b>		42. Equipment Involved in Accident <b>HUNTING KNIFE</b>	
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury. <b>HUNTING KNIFE</b>			
SECTION IV. DESCRIPTION OF CASUALTY			
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary.) <b>AFTER TAKING A BREAK FROM CLEANING FISH HOLE, MR. DILLON (a.k.a. "JEROME") GOT INTO AN ARGUMENT ABOUT A FISH CAUGHT AND JEROME THREW IT OVERBOARD. MR. WRIGHT GOT MAD WITH HIM AND JEROME TOOK A HUNTING KNIFE OF HIS POSSESSION AND STABBED MR. WRIGHT THREE TIMES. WE TRIED CPR ON MR. WRIGHT TO NO AVAIL.</b>			
45. Witness (Name, Address, Telephone No.) <b>MARCO WILLIAMS, P.O. Box 655 OWENS SHIPYARD ROAD, WANCHESE, NC 27981-0655</b>			
46. Witness (Name, Address, Telephone No.) <b>ED MCCARTY, 8584 LITTLE JOE TRAIL, ROSCOMMON, MI 48653-9546</b>			
SECTION V. PERSON MAKING THIS REPORT			
47. Name (PRINT) (Last, First, Middle) <b>DAVID M. WALTON</b>		47b. Address (City, State, Zip Code) <b>P.O. Box 101 WANCHESE, NC 27981</b>	
47c. Title <b>MASTER</b>		47d. Telephone No. <b>(252) 441-2400</b>	
47e. Signature <i>Danny M. Walton</i>		47f. Date <b>03/13/02</b>	
FOR COAST GUARD USE ONLY		REPORTING OFFICE	
APPARENT CAUSE:			
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)
			DATE